

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24699

STATE FILE NUMBER

FILED AUG 1 - 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3117

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 26 yrs.		d. STREET ADDRESS 5124 Brookside Blvd		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NORVIN Middle PAUL Last MC KAY				4. DATE OF DEATH Month 7th Day 4th Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-29-96	
9. AGE (In years last birthday) 61 yrs		IF UNDER 1 YEAR Months Days Hours Min		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopath		11. BIRTHPLACE (City and state or country) Kokomo, Indiana	
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME Chas D. McKay		14. MOTHER'S MAIDEN NAME Jessie L. McCool		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT	
16. SOCIAL SECURITY NO. 186 07 7824		17. INFORMANT VA Hospital Records, Kansas City, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis, metastatic from adeno carcinoma of recto-sigmoid. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 154+	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT: <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from May 14, 1957 to July 4, 1957 and on July 4, 1957 at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Keith Whittaker, M. D.		22b. ADDRESS MD V.A. Hospital, K.C., Mo.		22c. DATE SIGNED 7-4-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 6, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Muehlebach Funeral Home		ADDRESS 8800 Troost Kan. City, Mo.		25. DATE RECD. BY LOCAL REG. 7-5-57		26. REGISTRAR'S SIGNATURE Neva Minshel	

MAY 2 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

XX

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

J. T. Crowell

Licensed Embalmer No. 49

P. O. Address *X C M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.